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FORM:D Mall Processing Section

AUG 152008

Washington, DC

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO	VAL
OMB Number:	3235-0076
Expires: August	31,2008
Estimated average	burden
hours per response	16.00

SEC USE ONLY						
Prefix	Serial					
DATE RE	CEIVED					
	1					

Name of Offering (check if this is an amendment and name has changed, and indicate change.) PSI 1	
Filing Under (Check box(cs) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	THE REAL PROPERTY OF THE PROPE
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Protective Systems, Inc.	08058238
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telep (months area code)
7100 Monache Mountain Rd. Inyokern, CA 93527	(760) 377-4400
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
7100 Monache Mountain Rd. Inyokern, CA 93527	(760) 377-4400
Brief Description of Business	
Research and development of counter-IED technology.	
Type of Business Organization	PROCESSED
☑ corporation ☐ limited partnership, already formed ☐ other (p	please specify):
business trust limited partnership, to be formed	AUG 2.1 2008
Actual or Estimated Date of Incorporation or Organization: 0 9 0 7 Actual Estin	/ 100 - 2000
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	7 6 4664 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	s. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filling must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	ort the name of the issuer and offering, any changes died in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
Enllyre to tile notice in the energy iste states will not speult in a love of the federal a	vemetion Conversely failure to tile the

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

A:BASIC IDENTIFICATIONDATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Cornwell, James Business or Residence Address (Number and Street, City, State, Zip Code) 7100 Monache Mountain Rd. Inyokem, CA 93527 | Beneficial Owner Executive Officer Director General and/or Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Beville, Harwood Business or Residence Address (Number and Street, City, State, Zip Code) 2998 Franciscan Way, Carmel, CA 93923 ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer General and/or Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer General and/or Director Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				No.	B. IN	FORMATI	ONEABOU	OFFERI	io de la				
1.	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No ⊠		
•	Answer also in Appendix, Column 2, if filing under ULOE.								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L	129		
2.	What is	the minim	um investm					-				\$ 25,0	00.00
												Yes	No
3.			ermit joint									R	
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of sucl a broker or dealer, you may set forth the information for that broker or dealer only.								ie offering. with a state				
	•		first, if indi	vidual)									
_	ark, Jr., G		Address (N	umber and	Street Ci	tv State 7	in Code)						
			estminster/			ty, otato, z	ip Couc)						
			oker or Dea										
<u> </u>	Z- '- 11/6	Yala Danasa	Listed Has	C-1:-14-4	T d-	an Callais I)h			······································			
Sta			" or check					••••	*****************			□ All	States
	AL	AK	[AZ]	AR	CA	CO	CT	DE	DC	FL	GA	H	ID
	1L	ואנ	IA	K\$	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	[<u>VV</u>]	NH)	NJ	NM TTE	NY VT	NC)	ND WA	(OH)	OK)	OR WY	PR
	RI	SC]	SD	TN	[TX]	(UT)	الميليا	(AV)		(35.3)		<u> </u>	
	li Name (I ost, Robe		first, if indi	vidual)	•								
			Address (Noad, Clarks			ity, State, 2	Zip Code)		•				
Na	me of Ass	sociated Br	oker or De	aler									
Sta	ites in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)		***************	*************			***************************************	□ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM)	NY	NC	ND NA	OH)	OK)	OR IVV	PA DD
	RI	[SC]	SD]	[ŢN]	TX]	UT]	[VT]	[VA]	WAJ	WVJ	[WI]	WY	[PR]
Fu	ll Name (Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)					······································	
Na	ளc of As:	sociated Bi	roker or De	alcr	, .			 		-, -, -,,,,	· · · · · · · · · · · · · · · · · · ·		
Su	ates in Wi	nich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers	<u> </u>					
	(Check	"All States	s" or check	individual	States)			***************************************		***************************************	***************************************	AI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	(VZT)	IN NE	TA	KS	KŸ	LA	ME	MD	MA	MI	(MN)	MS	MO)
	MT RI	NE SC	NV SD	אא אד	TX]	MM UT)	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

TEGGOFFERINGERICENUMBEROLINIESTORS EXPENSIVANCUSE OF PROGREDS

۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	0.00	s 0.00
	Equity	2,500,000.00	\$ 830,000.00
	[7] Common ☐ Preferred	·	<u> </u>
	Convertible Securities (including warrants)	00.0	0.00 s
	Partnership Interests		\$ 0.00
	Other (Specify)		\$ 0.00
	Total	2,500,000.00	\$ 830,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	·	
_			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	partitions on the total filles. Enter V II allower is those or server		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ 830,000.00
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)		
			\$
_	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		s_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$ 1,250.00
	Legal Fees		\$_37,500.00
	Accounting Fees	Z	s 6,250.00
	Engineering Fees		
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify) Miscellaneous expenses.		
	Total		s 62,500.00

		iiviraroriinyes orseandaise	engletiskelije spojestališena	
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part Oproceeds to the issuer."	C — Question 4.a. This difference is the	: "adjusted gross	s_2,437,500.00
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The tot proceeds to the issuer set forth in response to	or any purpose is not known, furnish all of the payments listed must equal th	an estimate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	***************************************	\$ <u>250,000.0</u>	<u>00 🗆 s</u>
	Purchase of real estate	,,		_ 🗆 \$
	Purchase, rental or leasing and installation of and equipment		s	Z \$_200,000.00
	Construction or leasing of plant buildings and	facilities		\$ 50,000.00
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities of another	\$	\$
	Repayment of indebtedness		S	Ds
	Working capital			<u>∞ 🗆 s</u>
	Other (specify): Research and product dev	elopment.	§ 718,750.0	00 s 718,750.00
				_ D\$
	Column Totals		\$_1,468,750	968,750.00
	Total Payments Listed (column totals added)		\$_	2,437,500.00
囊		DOBRIDERNESSIE VROLLIUG		
sig	e issuer has duly caused this notice to be signed b nature constitutes an undertaking by the issuer t information furnished by the issuer to any nor	to furnish to the U.S. Securities and E	kchange Commission, upon wri	
Iss	uer (Print or Type)	Signature	Date	
Pı	rotective Systems, Inc.	3	7. Cc. August 7, 200	8
	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Na	• • • • • • • • • • • • • • • • • • • •			

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	Is any party described in 17 CFR 230,262 presently subject to any of the disqualification provisions of such rule?	Yes	No E
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is f D (17 CFR 239.500) at such times as required by state law.	iled a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerees.	ion furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be en limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.	titled to ming the	the Uniform availability

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Protective Systems, Inc.	3Ca	August 7, 2008
Name (Print or Type)	Title (Print or Type)	
Harwood Beville	Chairman of the Board of Directors	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Porm D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					PANDIX				
1	Intend to non-adinvestors	to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	4 investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		×	Equity=2,500,000	5	\$500,000.00	0	\$0.00		×
со		×	Equity=2,500,000	2	\$125,000.00	0	\$0.00		×
СТ		x	Equity=2,500,000	1	\$50,000.00	0	\$0.00		X
DE									
DC									
FL		×	Equity=2,500,000	1	\$25,000.00	0	\$0.00		×
GA							:		
ні		, , , , , , , , , , , , , , , , , , ,							
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD		×	Equity=2,500,000	4	\$130,000.00	0	\$0.00		×
MA									
MI									
MN									
MS									

				à : Aen	NDIX			9	
1	Intend to non-a	to sell ccredited s in State -ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо									
мт									
NE									
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				ARP	NDIX				
1	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)			4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR									

END